Community Voice in Cross-Sector Alignment: Concepts and Strategies from a Scoping Review of the Health Collaboration Literature

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Research article

Keywords: cross-sector alignment, collaboration, community, health outcomes, health equity, health disparities

DOI: https://doi.org/10.21203/rs.3.rs-115163/v1

Abstract

Background

Health care access is an important driver of population health, and factors beyond health care also drive health outcomes. Recognizing the importance of the social determinants of health (SDOH), different actors in the health care, public health, and social service sectors are increasingly collaborating to improve health outcomes in communities. To support such collaboration, the Robert Wood Johnson Foundation recently developed the cross-sector alignment theory of change. According to the cross-sector alignment theory of change, community voice is critical for helping collaboratives address community health needs. Yet research on health collaboratives offers little guidance on how community voice should be understood, or which community voice strategies are most effective.

Methods

This study addresses a gap in the literature with a systematic scoping review of research on health-oriented collaboration and community voice. By scanning key academic journals, searching three academic databases, and obtaining documents from across our professional networks, we identified 36 documents that address community voice in health collaboratives. The review reveals several concepts of community voice and a range of community voice strategies.

Results

We find that community voice strategies fall into two broad approaches: active and passive. These vary in the level of engagement required from the community and in the level of power shared between communities and collaborators, and this in turn has implications for community health outcomes. We also find that while most strategies are discussed in the context of short-term collaboration, many also lend themselves to adoption in the context of sustainable collaboration and, ultimately, cross-sector alignment.

Conclusion

This review provides a characterization and conceptualization of community voice in health-oriented collaborations that provides a new theoretical basis for future research. Passive and active community voice strategies can be studied in more detail for their expected impact on health outcomes and disparities. The increased attention to active community voice can help practitioners achieve improved health outcomes and researchers understand the pathways to health improvement through collaboration.

Background

Health care is important for improving population health and reducing health disparities. However, health outcomes are also driven by factors beyond health care, especially the social determinants of health (SDOH) such as socioeconomic status, living environment, and access to healthy food [1, 2]. Accordingly,

efforts that link health care, public health, and social services are likely to improve population health and reduce health disparities. Research has demonstrated a link between cross-sector collaboration and health and health-related outcomes, including a reduction in deaths from cardiovascular disease, diabetes, and influenza [3]; improvements in children's asthma control [4]; favorable trends in blood pressure control in patients with hypertension [5]; and increases in hepatitis B knowledge, testing, vaccination, and follow-up visits [6].

While there have been many successes, a persistent problem is that cross-sector collaboratives are often fleeting, failing to establish lasting structures that endure and continue to improve lives after initial energy wanes [7–10]. To promote sustainable and effective alignment across sectors, the Robert Wood Johnson Foundation (RWJF) recently drew on its experiences in the field of health-oriented collaboration to develop the cross-sector alignment theory of change. At its heart is the idea that actors in health care, public health, and social services sectors might better meet the goals and needs of the people they serve if they develop collaborative structures in four core areas: shared purpose, data, governance, and finance [11]. This is expected to be the case especially where community voice plays a key role.

While the importance of community voice in health collaboratives is increasingly recognized, a key challenge in both practice and research is that there is little agreement in the literature on the definition of community voice or on the most effective strategies for incorporating community voice in health collaboratives [12]. Furthermore, many of the community voice strategies discussed are rooted in a paradigm that focuses on short-lived collaboratives rather than sustainability and, ultimately, systems change [13].

In a time of greater recognition of the need for inclusiveness, it is especially important to understand the dynamics of community voice. The purpose of this review is to build on early efforts to define community voice in the context of health collaboratives, identify different community voice engagement strategies, and draw out the implications different community voice strategies have for sustainable cross-sector alignment.

Methods

We conducted a systematic scoping review for this study. Scoping reviews are optimal for synthesizing broad literatures, addressing broad questions, or laying foundations for future research in an emerging field. We employ this method specifically to summarize and disseminate prior research findings on community voice in health-oriented cross-sector collaboratives, to draw out common themes, and to identify gaps that might be addressed in future research [14].

Data collection involved three phases. First, papers were collected through a systematic scan of academic search engines. Second, we performed a systematic scan within journals commonly represented among the search engine results. For the third phase, we conducted a purposive scan for relevant documents using general search engines, website searches, and professional networks.

The scan of academic search engines was conducted using Academic Search Complete, PubMed, and the Cochrane Library. Each search used the following search terms: (multisector OR multisector OR “multi sector” OR cross-sector OR “cross-sector” OR intersectoral OR inter-sectoral OR multisite OR multi-site) AND (collab* OR partner* OR integrat* OR joint OR alliance OR allied OR coalition) AND health AND (((healthcare OR “health care”) AND (social OR communit*)) OR ((healthcare OR “health care) AND “public health”) OR ((social or communit*) AND “public health)).

Documents were included if the following criteria were met:

- Published within the last 10 years
- English text version available
- Substantially addressed health-oriented collaboratives and community voice
- Discussed at least two of the three sectors mentioned in the cross-sector alignment theory of change: health care, public health, and social services

Documents were excluded for not substantially addressing health-oriented collaboratives and community voice or if they recommended collaboration or community voice strategies but did not discuss them analytically. All documents were reviewed for inclusion or exclusion by two researchers. Disagreements on which articles to include or exclude were reconciled in conference.

The systematic scan of key journals was based on their frequency of appearance in the academic search engine results. Frequently represented journals included *Health and Social Care in the Community*, *International Journal of Integrated Care*, *Social Work in Public Health*, and the *Journal of Public Health Management and Practice*. Researchers used the same inclusion and exclusion criteria described above.

The purposive scan for relevant research involved gathering documents of interest forwarded by RWJF, conducting a systematic scan of the RWJF website for relevant work, scanning for reports on websites of key contacts and organizations, collecting documents identified through RWJF’s and the authors’ professional contacts, and searching on general search engines using the terms identified above.

The results below are based on 36 documents identified as substantially addressing health-oriented cross-sector alignment and community voice (Fig. 1). Information for each document was coded in NVivo. Initial codes were based on a preliminary reading of the documents and included: “defining community voice”, “types of community voice”, “strategies for including community voice in collaboration”, “barriers to including community voice in collaboration”, and “notable passages”. A first round of coding was completed using these initial codes. The coders then met to identify common themes, and a second round of coding was completed based around these themes. The results below reflect these themes and the subthemes that emerged during the second round of coding.

Results

Conceptualizing Community Voice

Community voice is conceptualized in the literature in a variety of ways. The documents we reviewed used several terms including “community engagement”, “community agency”, “community participation”, and “consumer participation”. This review uses “community voice” as an all-encompassing term for inclusion of community members in collaborative activities.

Most of the papers do not formally define community voice terms, with two notable exceptions from the Centers for Disease Control and Prevention (CDC) and the National Academies of Sciences, Engineering, and Medicine (NASEM). The CDC defines community engagement as “the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their wellbeing” [15]. NASEM defines community agency as “collective control, connections, capacities, and opportunities, including partnerships with shared decision-making and mutual accountability” [16].

These definitions differ in that the CDC definition places emphasis on a shared commonality bringing communities together, while the NASEM definition emphasizes decision-making, accountability, and community agency. Such differences have implications for the fundamental lens of community voice strategies, underscoring the need to clarify definitions when community voice terms are used.

While few of the papers define community voice, all of them discuss it. We identified several distinct dimensions along which community voice is generally discussed. These dimensions include: (1) the bounds used to define “community” versus “consumer”, (2) the population composing community voice, and (3) the depth of engagement. These dimensions are discussed below.

Community and Consumer Voice

Community and consumer voice are generally used interchangeably. However, these terms have distinct implications, making it problematic to use them interchangeably. The term “consumer” tended to reference users of healthcare services [17–24] or those with lived experience [25]. The term “community” tended to reference groups of people in a bounded geographical location. Health care consumers and other community groups should be distinguished clearly and identified distinctly to promote conceptual clarity.

The Population Composing Community Voice

Community voice is provided by many different populations. Community voice could come from individuals living in one specific geographical location or users of specific services, as discussed above. Community-based organizations, themselves, may serve as proxies for community voice [26]. Because different populations can provide community voice, care must be taken to identify the specific population in question. For example, in some cases, an organization leader may be relied upon to speak for the community, while in other cases it is people being represented who are considered the voice of the

community. These different categories of people have different experiences and backgrounds, and they may live in different communities. Accordingly, the meaning of community voice is likely to vary depending on the population providing that voice.

The Depth of Community Voice Engagement

The depth of a collaborative's engagement with community voice is often described using terms like "meaningful" or "authentic". In such cases, meaningful or authentic engagement is understood as the ideal form of community voice [16, 22, 27]. These qualifiers are most often used within the context of recommendations to organizations on how to include community members in collaborative work. This language conveys the insight that community voice is often marginalized even when it is purportedly a central concern. However, these qualifiers often do not come with clear definitions, leaving it unclear how we might understand or identify effective practices. The qualifiers themselves are not inherently faulty, but their usage underscores the need to identify and use measures that more specifically identify the degree to which community voice is engaged.

To summarize this section, researchers and practitioners interested in community voice are likely to gain mutual benefit from using clear definitions and qualifiers which (1) identify a precise set of community members and (2) can be measured.

Types of Community Voice Strategies

Passive Engagement

Our review suggests that community voice strategies can be divided into two forms: passive and active. Passive forms of engagement require less involvement from community members and often offer less power than active forms of engagement. These strategies for engagement tend to take the form of collecting data from community members [28]. In the studies reviewed, three types of strategies for including passive community voice in collaborations were identified: conducting community assessments, measuring community intervention experiences, and holding community forums.

Community assessments are used to measure health and well-being within a community and raise issues collaboratives might address. Assessments can take many forms but often take the form of Community Health Needs Assessments (CHNAs). The Patient Protection and Affordable Care Act (ACA) made CHNAs a requirement for tax-exempt hospitals. Part of the requirement includes participation from community members in the CHNA process. However, the wording of the requirement is vague on the definition for community participation [22]. This means that, in practice, CHNAs can be limited to community focus groups or community members helping gather data. Interaction with community members can be limited, with few opportunities for community members to make decisions about how the data is collected or used.

A second passive community voice strategy is measuring community intervention experience. This is, in some ways, another type of community assessment; however, it focuses specifically on measuring

community experience with current programming. This may, for example, take the form of collecting customer satisfaction surveys [22, 29]. Another intervention measurement strategy is conducting formal and informal conversations with community groups to gain feedback and community perspective on programming [29–31]. Such conversations can be used to make programming more culturally appropriate [31].

The third passive community voice strategy is to hold community forums. Community forums are used to share data with community members and to compare already-obtained data with community perceptions [32]. Community members might, for example, take part in community roundtables or working groups [33]. Because some community members may face barriers to participating, there are several recommendations for making these forums more community friendly. Organizations can make meetings more accessible by holding them at convenient times; assisting community members with travel, childcare, and translation services; providing compensation for their time; and providing multiple avenues for participation, for example via the internet as well as in-person [22, 34].

Active Engagement

Active forms of engagement require more intense participation from community members but also convey more power to community members when compared with passive strategies. This power comes from having community members in decision-making roles. Active strategies position community members within collaboratives. Five strategies for including active community voice in collaborations were identified: priority-setting, participatory decision-making, trainings, employing community members, and community-led coalitions.

The first strategy for engaging active community voice in collaboratives is priority setting [22, 27, 28, 35]. Community members can help by identifying and collecting important data in their communities. For example, community members can work with collaboratives on designing health impact assessments (HIAs). HIAs are recognized as valuable for advocacy efforts, and communities can make them more impactful by including their voices [27].

The second strategy is participatory decision-making. There are three forms of participatory decision-making in the literature. One form involves health consumers being active participants in their care provision and in the decision-making concerning their own care [21, 22, 24, 29, 36, 37]. Another form is community members holding seats on governing or advisory boards [22, 23, 38]. The latter type of participatory decision-making moves beyond individuals making decisions about their own care to community members making decisions that affect the care of many. Examples include hospital-based patient and family advisory councils. They typically require at least fifty percent membership by current or former patients or family members [22]. The Federal Public Health Service Act requires federally funded community health centers to have a consumer majority on their board of directors [22], and the National Multisector Health Coordinating Body has seats reserved for consumer participation [38]. A third form of participatory decision-making is participatory budgeting. Participatory budgeting empowers communities

to make funding allocation decisions [22, 39]. This form of engagement gives communities power in deciding what needs to address and how those needs should be met.

Notably, complicated power dynamics are likely to remain even when community members are empowered. For example, community members can be discouraged from participation in decision-making processes by the use of technical language and jargon [18, 23]. Addressing such dynamics may require activities such as developing a shared language between collaborators and community members [16].

Another example involves power-knowledge values. The knowledge gained from research or academic conferences can be valued more than knowledge gained from protests or grassroots organizing [40]. It is important to recognize that these values impact who is allowed at the table to define community problems and solutions [40].

A third type of active community voice strategy is training. Organizations can take the time to provide training to communities, helping them develop skills that will enhance collaboration between the two entities. Trainings can, for example, address decision-making, advocacy, or how to work collaboratively [23, 27, 33]. Specialized trainings on social determinants of health can also help [27]. In many cases, community members are not the only ones needing training, and training collaborative members from across organizations can strengthen the collaborative capacity of all involved while helping to build community-collaborative relationships [27].

A fourth active community voice strategy is to hire community members into collaboratives, for example in community-liaison roles such as community health workers and community care coordinators. Such positions help connect other community members to services and have been shown to improve community health outcomes [22]. Embedding community members also helps organizations and communities build trust, which has been cited many times in the literature as an important step in engaging community voice in collaborations more broadly [18, 23, 31, 34].

The fifth and final active community voice strategy is to create community-led coalitions. Though the papers we reviewed provided strategies for including or even embedding community voice in collaboratives, leadership originating outside the community still tends to play the dominant role in such working arrangements. However, one paper highlighted an initiative where a community coalition itself led much of the collaborative intervention [41]. In this intervention, health consumers oversaw monitoring the performance of health providers in collaboration with government. In this case, there was legislation in place that mandated citizen participation in governing health and social sectors [41]. This mandate pointed to community participation, specifically in “…planning, supervision, execution, and administration of health programs that are key actions for guaranteeing the right to health” [41]. In this initiative, community members made many of the decisions, with guidance and support provided by government collaborators.

Sustainability and Community Voice

One of the core purposes of the cross-sector alignment theory of change is to guide sectors and organizations as they transition from a focus on short-term collaboration to sustainable alignment. The strategies identified above lend themselves to sustainability to different degrees. In this section, challenges to sustainable engagement of community voice are identified, as well as potential solutions.

Passive and Active Strategies and Sustainability

Several of the strategies identified above are primarily oriented toward short-term community contact. These tend to be passive strategies, leading us to observe an association between sustainability orientation and the intensity of community voice engagement. Specific strategies oriented toward short-term collaboration include one-time data collection, community forums or hearings, and initiative evaluations. These activities could be institutionalized and become regular occurrences, and these strategies may be helpful in many situations. However, they tend to require volunteerism on the part of participants, creating logistical barriers for community participants and, consequently, limiting the sustainability of the strategy. Other strategies for engaging community voice may be more appropriate where the intent is to create sustainable connections.

One short-term strategy identified above that does involve engagement of active community voice is responding to, heeding, community voice in the form of protest [40]. Protests largely originate within communities and outside collaborative-initiating organizations, but Phipps and Masuda argue that community origin alone should not disqualify protest from being considered a form of community voice [40].

Because protests come and go, the other active strategies mentioned above are perhaps more sustainable. These involve power sharing, community participation in standing committees and boards, compensation for community participation, and community-led decision-making. All of these provide either psychological, instrumental, or financial incentives that are likely to help sustain community voice in aligning efforts.

Sustainability Challenges and Potential Solutions

While several strategies discussed above have the potential to be sustained within aligning sectors and organizations, challenges to sustainability are discussed often and may even be inherent. Several studies note that engaging communities is difficult [18, 42]. Active community voice can be difficult to retain, often requiring unexpected compromises in implementation strategies, changes in research design, shifts in priorities, delays in anticipated schedules, surrender of power to the community, and ultimately, a shift in expectations for both processes and objectives [18, 38, 43].

Many organizations are not able to, or are disinclined to, make such accommodations [18, 38, 44]. Such changes may challenge fundamental assumptions individuals have about their roles and the roles of the organizations in which they participate. Power is not merely intellectual. It is instrumental, and giving it away has material consequences.

Not everyone is prepared to make changes in operations that alter power relations between themselves and community members [45]. However, given the emphasis in the literature on building trust [18, 46, 47], being thoughtful about boundaries is likely to encourage productive relationships even where changes in processes and outcomes are expected to be relatively moderate.

Finally, given that many of the studies we reviewed discussed the need to turn away from ineffective solutions, the need for change, and the importance of change management [48–52], sustainability may require embracing change. In terms of engaging community voice, this suggests that aligning organizations themselves should carefully consider whether and how collaborative and community resources could be allocated in the most productive ways.

Discussion

This review surfaced several definitions and uses for terms linked to community and community voice. Though there are few formal definitions, the literature implies a starting point for developing more standardized definitions. Specifically, it will be helpful for researchers and practitioners to explicitly use or develop definitions of community voice that identify the specific community in focus and that lend themselves to measurement. Importantly, the possibility that community voice could involve many different population groups implies that the term "community voice*s*" may be the more precise term in some contexts [13, 53].

We also distinguished active and passive forms of community voice strategies. These two types strategies tend to vary in intensity of involvement required by community members and the power that is gained. Passive forms of community voice, in general, are less likely to include community members in participation. Active strategies require more involvement from community members and may offer more power and opportunities for decision-making. Organizations should carefully consider how they facilitate more intense involvement from communities, which may require methods such as fair compensation for community members' time and efforts.

Active strategies may also be more sustainable since they help align priorities across stakeholders. However, they do pose challenges in that they require time and resources from everyone involved, and they may result in deviations from what aligning organizations or systems had originally expected in terms of processes and outcomes.

Implications for the Cross-Sector Alignment Theory of Change

Aligning organizations may benefit greatly from engagement with community voice [21, 39, 54–56]. Community members add a sense of urgency around issues that they experience first-hand as important for their own well-being [54]. Community voice adds intellectual and experiential capacity to aligning organizations [18, 21, 55]. As volunteers, community members can provide data on the community in the

short term, and by incorporating community members as decision-makers and paid employees, aligning organizations can institutionalize community voice as a lasting knowledge-producing solution. Engagement with community voice also signifies sincere concern for community goals and needs, perhaps increasing the likelihood of financing from potential investors [57, 58].

Such advantages do not always come without costs, and those engaged in cross-sector alignment should prepare themselves – and community members – appropriately. Engaging community voice takes time, which can be costly and increase exposure to uncertainties. Engagement with community voice also takes resources, both for organizations and individuals, and financing arrangements will have to be made accordingly. Governance structures may also have to change as community members are empowered in budgeting and other decision-making roles. Aligning sectors and organizations may be confronted with the need to accept the legitimacy and importance of community-led coalitions that have their own governance structures.

Despite the costs, engagement with community voice appears likely to promote the objectives of cross-sector alignment, including improved community well-being. In the process, engaging with community voice may also help build capacity in communities and, ultimately, empower community members to self-advocate in pursuing positive community outcomes.

Limitations

The studies we reviewed are primarily exploratory or descriptive in nature. This limits our ability to make strong causal claims about the effects of different community voice strategies. Similarly, most of the studies we reviewed did not contain a theoretical analysis, limiting the linkages that could be made with research on community voice in other contexts. Both of these limitations represent opportunities for future research. Future studies could productively incorporate strong theoretical foundations and incorporate methods that allow for causal analysis. We have attempted to move in this direction by grounding our findings in the cross-sector alignment theory of change. This effort will also be greatly aided where practice is based on a theoretically-informed foundation and rigorous evaluation plans are conceived and implemented early in the project planning phase.

Conclusion

This review provides three important contributions to the field. First, we have characterized the literature on community voice in health-oriented collaborations, providing a conceptual foundation for defining, discussing, and analyzing community voice as a concept. Second, we have provided a new theoretical basis for future research by distinguishing passive and active community voice strategies and their expected impact on health outcomes and disparities. Finally, we have situated the literature in respect to sustainability in the context of cross-sector alignment, thereby promoting the theoretical development of a prominent framework in the field.

There is evidence that health-oriented cross-sector collaboration has a positive impact on community health outcomes [3–6]. This review distinguished passive community voice strategies from active community voice strategies which tend to provide an enhanced level of decision-making and power to community members. We expect that increased attention to the concept of active community voice will help practitioners achieve improved health outcomes and help researchers better understand the pathways to health improvement through collaboration and, ultimately, cross-sector alignment.

Abbreviations

SDOH: Social Determinants of Health

RWJF: Robert Wood Johnson Foundation

CDC: Centers for Disease Control and Prevention

NASEM: National Academies of Sciences, Engineering, and Medicine

CHNA: Community Health Needs Assessment

ACA: Affordable Care Act

HIA: Health Impact Assessment

Declarations

Ethics approval and consent to participate

Not applicable

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing Interests

The authors declare that they have no competing interests.

Funding

This research was funded by the Robert Wood Johnson Foundation. The foundation was not involved in the study design or the collection, analysis, or interpretation of data. A draft version of the manuscript was reviewed by the RWJF project officer for feedback.

Authors' Contributions

All authors contributed to the concept of the review, the theoretical data collection, and the analysis. AP led the analysis and writing. DL led the development of the methodological approach, GL contributed to the writing and editing, and KM contributed to the editing. All authors have read and approved the manuscript.

Acknowledgements

We would like to thank Amanda Phillips Martinez, Kodasha Thomas, Christiana Oshotse, and participants of the research seminar at the Georgia Health Policy Center for their support on the project and their comments on earlier drafts.

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Figures

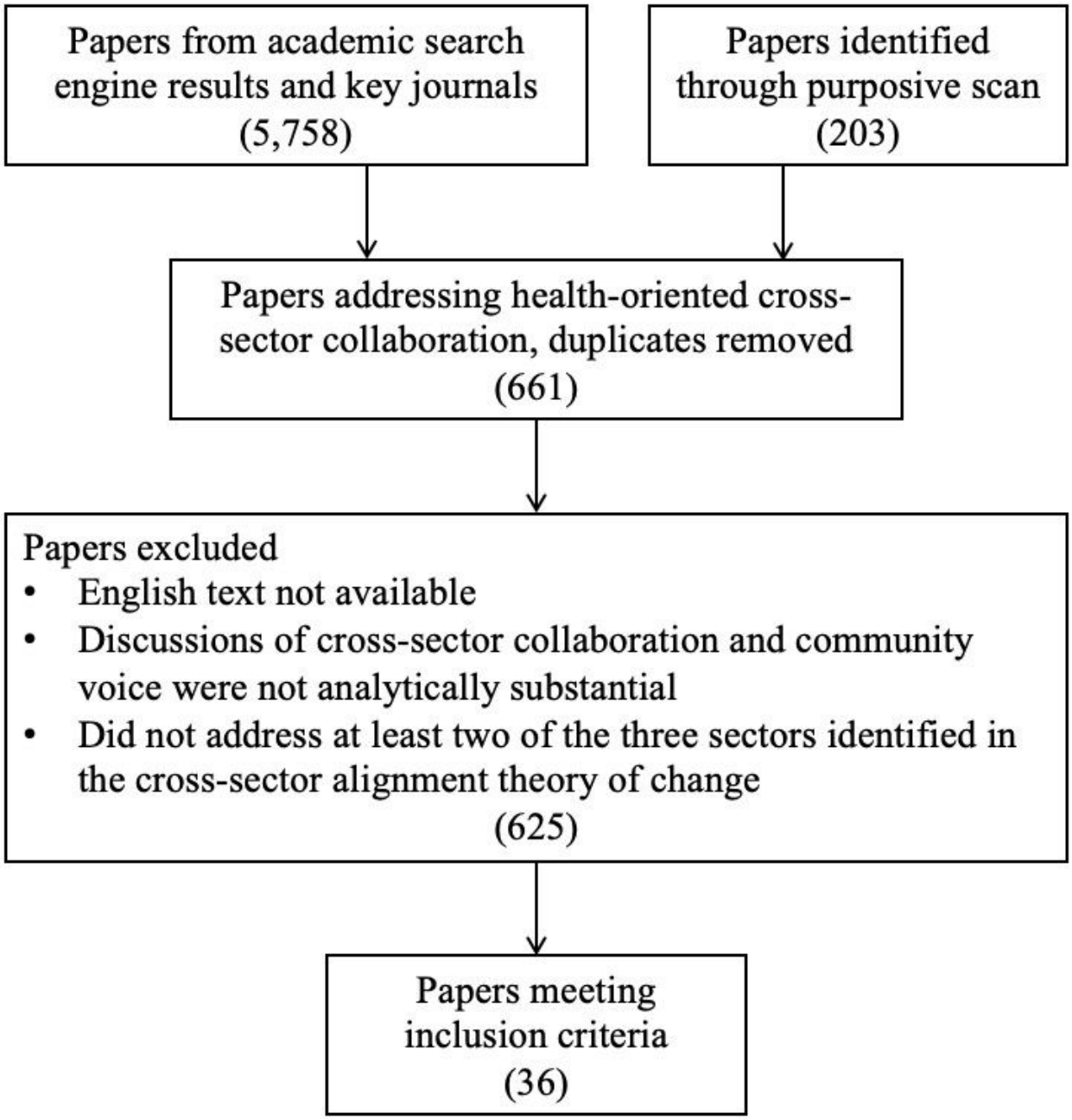

Figure 1

PRISMA Diagram

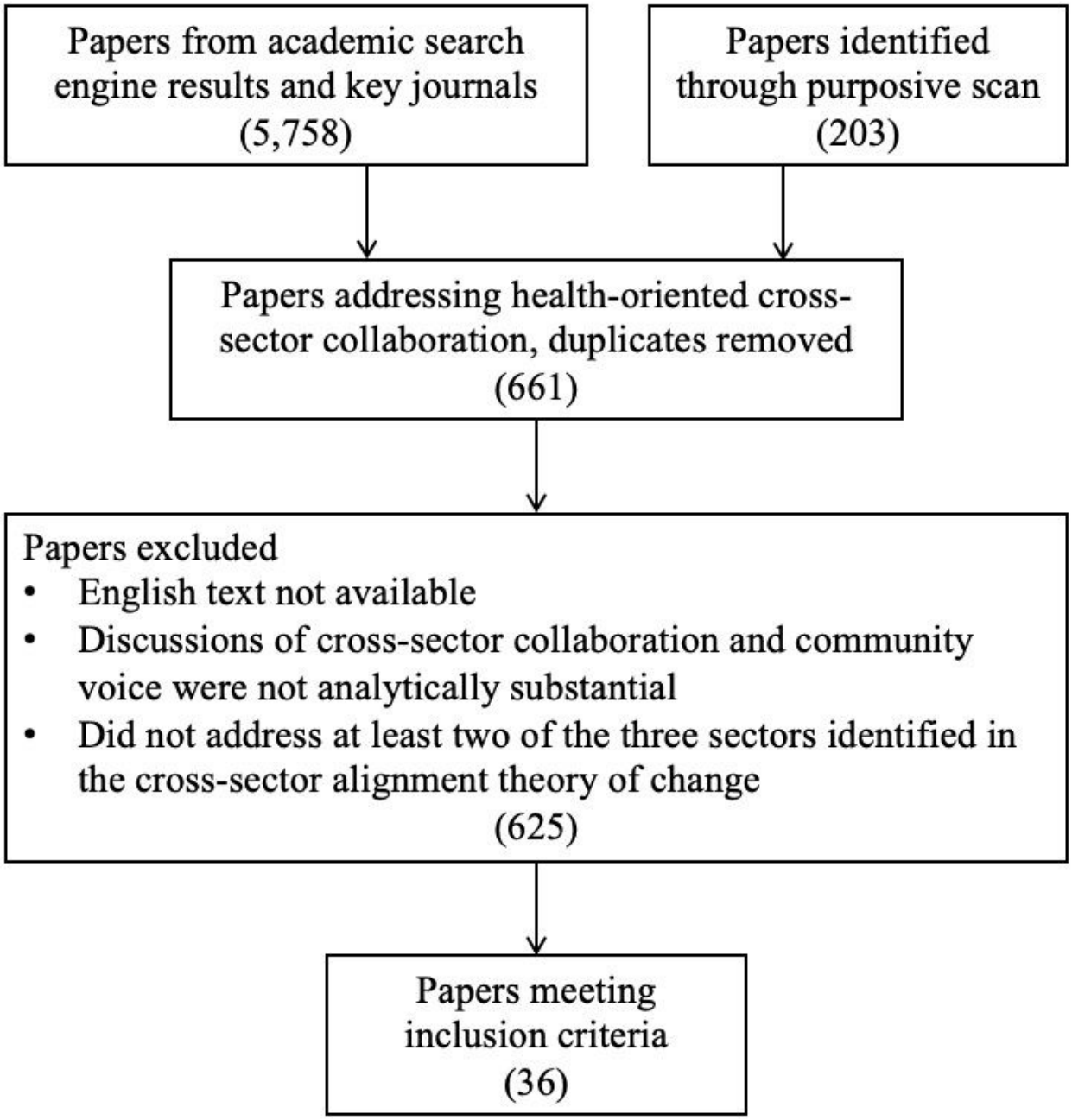

Figure 1

PRISMA Diagram